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FACSIMILE COVER SHEET

DATE: 03/24/2006

TO: Examiner FAX NO.: 571-273-8300
GILLIGAN, Christopher L.
USPTO GPAU 3626

FROM: John R. Schell *IMAN J. Schell*
Reg. No. 50,776

RE: INFORMATION DISCLOSURE STATEMENT WITH FEE

U.S. APP NO.: 09/992,035

FILING DATE: 11/23/2001

APPLICANT(S): Michael D. Dahlin et al.

ATTY DKT NO.: 1039-0030

TITLE: Systems and Methods for Integrating Disease
Management into a Physician Workflow

NO. OF PAGES (INCL. COVER SHEET): 6

Attached please find:

- PTO/SB/21 Transmittal Form (1 pg.)
- PTO/SB/17 Fee Transmittal Form (1 pg.)
- Information Disclosure Statement Cover Sheet (2 pgs.)
- PTO/SB/085 IDS Transmittal by Applicant (1 pg.)

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PAGE 1/6 * RCVD AT 3/24/2006 6:32:46 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-3/7 * DNIS:2738300 * CSID:512 327 5452 * DURATION (mm:ss):02-20

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PTO/SB/21 (09-04)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

5

Application Number

09/992,035

Filing Date

11/23/2001

First Named Inventor

Michael D. Dahlin

Art Unit

3626

Examiner Name

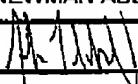
GILLIGAN, Christopher L.

Attorney Docket Number

1039-0030

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Remarks Customer Number 34456		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LARSON NEWMAN ABEL POLANSKY & WHITE, LLP		
Signature			
Printed name	John R. Schell		
Date	3-24-06	Reg. No.	50,776

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature



Typed or printed name

Laura H. Andre

Date

03/24/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

180.00

Complete If Known

Application Number	09/992,035
Filing Date	11/23/2001
First Named Inventor	Michael D. Dahlin
Examiner Name	GILLIGAN, Christopher L.
Art Unit	3626
Attorney Docket No.	1039-0030

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): Larson Newman Abel
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number:	50-3797	Deposit Account Name:	Polansky & White LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
- 20 or HP =	x	=		Fee (\$)	Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 1806: Petition Fee - IDS 180

SUBMITTED BY

Signature	<i>John R. Schell</i>	Registration No. (Attorney/Agent) 50,776	Telephone 512-439-7100
Name (Print/Type)	John R. Schell		Date 3-24-06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant(s): Michael D. Dablin et al.

MAR 24 2006

Title: Systems and Methods for Integrating Disease Management into a Physician Workflow

App. No.: 09/992,035

Filed: 11/23/2001

Examiner: GILLIGAN, Christopher L.

Group Art Unit: 3626

Atty. Dkt. No.: 1039-0030

Confirmation No. 4451

M/S AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

Dear Sir:

Pursuant to 37 C.F.R. § 1.56, § 1.97 and § 1.98, the undersigned is providing the patents, publications, applications or other information identified in the attached:

Form(s) PTO/SB/08A and/or PTO/SB/08B or PTO/1449
 Other: n/a

to the Examiner's attention in the above-identified application. Citation of such information shall not be construed as:

1. an admission that the information necessarily is, or corresponds to, prior art with respect to the instant invention;
2. a representation that a search has been made, other than as described below; or
3. an admission that the information cited herein is, or is considered to be, material to patentability as defined in § 1.56(b).

03/27/2006 TL0111 00000057 503797 09992035
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Laura H. Andre
 Typed or Printed Name


 Signature

FEES DUE

This Information Disclosure Statement is being filed:

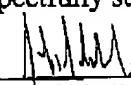
- within three months of the filing date of a national application or within three months of entry of the national stage as set forth in § 1.491 in an international application. Therefore, no fee is required.
- before the mailing date of a first Office action on the merits or before the mailing date of a first Office action after the filing of a request for continued examination under § 1.114. Therefore, no fee is believed required.
- during the period specified in § 1.97(c). Each item of information contained in this Information Disclosure Statement was cited in a communication from a patent office in a foreign counterpart application not more than three months prior to the filing of this Information Disclosure Statement.
- during the period specified in § 1.97(c). Accordingly, the fee set forth in § 1.17(p) is required and provided as shown on the attached Fee Transmittal.
- during the period specified in § 1.97(d). Accordingly, the fee set forth in § 1.17(p) is required and provided as shown on the attached Fee Transmittal. Additionally, each item of information contained in this Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart application not more than three months prior to the filing of this Information Disclosure Statement.

The Commissioner is hereby authorized to charge any fees due, or refund any credit to Deposit Account 50-3797 of Larson Newman Abel Polansky & White, LLP.

Respectfully submitted,

3-24-06

Date


John R. Schell; Reg. No. 50,776
Agent for Applicants
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PTO/SB/08A (08-03)

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Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>		Complete if Known	
Sheet	1	of	1
		Application Number	09/992,035
		Filing Date	11/23/2001
		First Named Inventor	Michael Dahlin
		Art Unit	3626
		Examiner Name	GILLIGAN, Christopher L.
		Attorney Docket Number	1039-0030

U. S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (Known)			
	D1	US- 2003/0208645	11/03/2003	YURKO et al.	
	D2	US- 2003/0195774	10/16/2003	ABBO, Fred E.	
	D3	US- 2003/0050801	03/13/2003	RIES, Linda K.	
	D4	US- 6,047,259	04/14/2000	CAMPBELL et al.	
	D4	US- 6,024,699	02/15/2000	SURWIT et al.	
	D5	US- 6,208,974	03/27/2001	CAMPBELL et al.	
	D6	US- 5,265,010	11/23/1993	EVANS-PAGANELLI, Barbara	
	D7	US-			
	D8	US-			
	D9	US-			
	D10	US-			
	D11	US-			
	D12	US-			
	D13	US-			
	D14	US-			
	D15	US-			
	D16	US-			
	D17	US-			
	D18	US-			

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)			
	D19				
	D21				
	D22				
	D23				
	D24				
	D25				

Examiner Signature		Date Considered	
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***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.18 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

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